Child Malnutrition in Gaza: Public Health Implications and Response Priorities

Sage Open Pediatrics
Volume 13: 1–2
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DOI: 10.1177/30502225261429672
journals.sagepub.com/home/gph

Received: November 25, 2025; revised: February 10, 2026; accepted: February 16, 2026.

Dear Editor,

The swiftly declining nutritional condition of children in Gaza has escalated to a public health catastrophe necessitating prompt coordinated intervention. A 2024 investigation ascertained that 16.6% of children below 5 years of age are malnourished, comprising 6.7% with severe acute malnutrition and 9.7% with moderate acute malnutrition, with the highest prevalence in North and South Gaza.[1] Recent longitudinal surveillance study further demonstrates persistently high levels of acute malnutrition among preschool-aged children in the Gaza Strip, as assessed by mid-upper arm circumference, underscoring the scale and chronicity of the crisis.[2] Food insecurity is ubiquitous, with over 70% of school-aged children and the majority of under-five children residing in food-insecure households, culminating in elevated rates of underweight (30.4%), stunting (32.8%), wasting (up to 9.6%), and acute undernutrition.[3] Dietary intake is distinctly deficient in variety and micronutrients, characterized by widespread inadequacies in iron, zinc, and vitamins A, D, and B12, with anemia impacting up to 35.6% of under-five children.[3] The disintegration of local food systems, exacerbated by conflict and restricted access to arable land and aquatic resources, has rendered the majority of families dependent on food aid, which only partially alleviates the repercussions on children's growth and health.[4]

Unlike most humanitarian nutrition emergencies where supply chains and community delivery platforms remain intermittently functional, the current crisis in the Gaza Strip is characterized by near-total disruption of food systems, constrained humanitarian access, and prolonged displacement, fundamentally altering the feasibility of standard nutrition interventions.[5]

Although empirical evidence robustly substantiates the utilization of ready-to-use therapeutic foods (RUTFs), such as Plumpy'Nut, in the community-based management of acute malnutrition, their effectiveness in the current Gaza Strip context is increasingly undermined by inconsistent supply chains, restrictions on commodity entry, lack of clean water for safe consumption, and widespread caregiver displacement which are factors rarely addressed in controlled efficacy studies.[6] Locally produced RUTFs can exhibit efficacy comparable to centrally manufactured counterparts, and reduced or fixed-dose regimens may not be inferior for specific anthropometric metrics, although concerns regarding linear growth may persist.[7] Emerging field adaptations including reduced-contact distribution models, household-level rationing of therapeutic foods, and shortened treatment protocols driven by supply scarcity raise urgent questions about recovery sustainability and relapse risk that have not been systematically evaluated in the current Gaza Strip context.[8] Supplementary feeding initiatives, particularly when executed in community settings and directed toward younger, economically disadvantaged, or more malnourished children, exhibit modest yet favorable impacts on weight and height gain, and demonstrate greater effectiveness when integrated with nutritional education and counseling for caregivers.[9]

In the current siege conditions in the Gaza Strip, integrated food assistance systems remain theoretically optimal but are practically constrained, as cash-based interventions lose value amid market collapse, and interagency coordination is hindered by restricted movement, damaged infrastructure, and recurrent communication blackouts.[4] For enduring recovery, the reconstruction of local agricultural capacity and the alignment of nutrition-specific interventions with local food production systems are imperative, as is the enhancement of surveillance and maternal-child health infrastructures to ensure early identification and reaction to malnutrition.[9]

In conclusion, Gaza's humanitarian crisis has swiftly transformed into a nutrition-centric public health emergency with irreversible life-course ramifications if neglected. Without immediate protection of humanitarian corridors, flexible procurement mechanisms for therapeutic foods, and adaptation of treatment guidelines to siege conditions, existing nutrition frameworks risk failing the very populations they were designed to protect in the Gaza Strip.

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Acknowledgments

The authors acknowledge the use of Paperpal (https://paperpal.com/), an AI-powered academic tool, for language editing and academic paraphrasing to enhance the clarity and readability of the manuscript. This assistance was limited to linguistic refinement, and the intellectual content, analysis, and interpretations remain entirely the authors' own.

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Ethical Considerations

Not applicable.

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